

State of New Mexico

Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 10/31/2012

0000210530

11/16/12

Voucher Number	Vchr	VchrLineDescr	Distr	Account	Fund	VendorName	Withhold	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
	Line		Line#	Description				Year	Month		
00313868	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	10	0000093549	Adams, R. 10.16- Total For Voucher
											385.00

Summary | Invoice Information | Payments | Voucher Attributes | Error Summary

Business Unit: 66500
 Voucher ID: 00313888
 Voucher Style: Regular
 Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

Invoice Number: Adams, R. 10.16-10.19.12
 Invoice Date: 10/24/2012
 Total: 385.00

*Pay Terms: Pay Now  Schedule Payments

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303 

Location: 001 

*Address: 1 

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Gross Amount: 385.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 10/24/2012 

Net Due: 10/24/2012

Discount Due:

Accounting Date:

Payment Method
 *Bank: WFB10

*Account: B

*Method: ACH ACH

Message:

Message will appear on remittance advice.

Pay Group:

*Handling: RE

*Netting: N 

Messages

Summary Invoice Information Payments Voucher Attributes Error Summary

Business Unit: 66500 Invoice Number: Adams, R. 10.16-10.19.12
Voucher ID: 00313888 Invoice Date: 10/24/2012
Voucher Style: Regular Total: 385.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross

Match Action

*Status: Ready
☐ Pay Unmatched Voucher

Transaction Currency

*Source: Tables *Currency: USD Rate Type: CRNRT Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level Business Process: PROCESS_VOUCHERS
Approval Rule Set: Payment Approval Rule Set 1

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur) SBI Number:

Prepayment

Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group

Saved

AGENCY
NAME

DEPARTMENT OF HEALTH

STATE OF NEW MEXICO
ITEMIZED, SCHEDULE
OF TRAVEL EXPENSES

PAGE 1 DATE 10/9/2012
AGENCY CODE 66500 VOUCHER NUMBER 00313888

NAME

Richard Adams

CAR LICENSE NUMBER

SG-1984

POST OF DUTY

Ruidoso

PROPOSED

(ADVANCE VOUCHER)

VENDOR NUMBER

97303

MODEL

Nissan

RESIDENCE

REG. WORK DAY

8:00 AM THRU 5:00 PM

YEAR

2011

Ruidoso

ACTUAL
(RECOUPMENT VOUCHER)

DATE

TIME: SHOW AM OR PM
DEPARTURE ARRIVAL

CHARACTER OF EXPENDITURES

ODOMETER/MAP MILES

ENTER START & FINISH

AMOUNTS

AMOUNTS

10/16/2012

7:00am

DEPART RUIDOSO TO ABQ FOR GOVERNING BOARDS-OVERNIGHT

0

0

0.00

\$ 85.00

\$ 135.00

135.00

10/18/2012

DEPART ABQ TO SANTA FE OVERNIGHT-SANTA FE RATES APPLY*

0.00

0.00

0.00

\$ 135.00

135.00

10/19/2012

DEPART SANTA FE TO RUIDOSO PARTIAL DAY PER DIEM-12.0 HRS

0.00

0.00

0.00

34.00

30.00

30.00

Per Diem is Based on (Check One)

ACTUAL EXPENSES

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.

APPROVED RATES

Employee Signature

Date

X

Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.

ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL

SECTION 10-6-5 (I), NMSA 1978

1. I DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE IN ALL RESPECTS AND COMPLES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT.

(TYPE PAYEE NAME)

Richard Adams

Signature

(DOH-General Accounting Use Only)

Date

PAYEE SIGN HERE:

Richard Adams

DATE: 10-24-12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

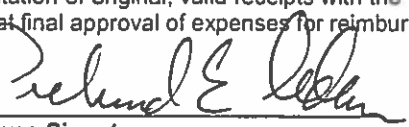
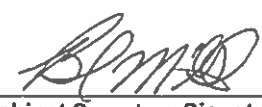
Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name: Meeting with Cabinet Secretary in Santa Fe.					
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	10/05/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	10/16/12	Time:	07:00 AM	Return Date: (month/day/yr)	10/19/12
					Time:	07:00 PM
☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 12/24/12 Employee Signature	 10/30/12 Supervisor/Bureau Chief Signature
Division Director/Hospital Administrator (As per specific division requirements)	Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)